IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ABBOTT CARDIOVASCULAR SYSTEMS, INC. and ABBOTT LABORATORIES, INC., Plaintiffs, v. MEDTRONIC VASCULAR, INC. and MEDTRONIC USA, INC. Defendants.	Civil Action No. 98-80 (SLR) (Consolidated with C.A. No. 98-314 (SLR) and C.A. No. 98-316 (SLR)) **PUBLIC REDACTED VERSION**

DECLARATION OF DOUGLAS G. EBERSOLE, M.D.

I, Douglas G. Ebersole, hereby declare as follows:

1. I am an invasive/interventional cardiologist at the Watson Clinic in Lakeland, Florida. I also serve as the Director of Cardiac Catheterization Laboratories at Lakeland Regional Medical Center, a position I have held since 2000.

2. I graduated from the Leonard M. Miller School of Medicine at the University of Miami in 1986. Following medical school, I entered the United States Army, where I was a Major stationed at the Brooke Army Medical Center ("BAMC") in Fort Sam Houston, Texas. At BAMC, I completed a residency in Internal Medicine in 1989 and a fellowship in Cardiology in 1992. From 1995 to 1996, I served as Director of Interventional Cardiology at BAMC and received a Meritorious Service Medal in 1996.

3. I am Board-certified in Interventional Cardiology, Cardiology, and Internal Medicine, and I am a Fellow of the American College of Cardiology and the Society for Cardiac Angiography and Interventions. A copy of my *curriculum vitae*, which includes further details on my qualifications, is attached as Exhibit A.

REDACTED

5. I have been asked to opine on the relative safety and efficacy of Medtronic's Driver and MicroDriver bare-metal stents as compared to other bare-metal and drug-eluting stents on the United States market. I have also been asked to describe the effect that an injunction precluding the sale of Driver and MicroDriver would have on physicians and patients.

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Recently, I have stopped using drug-eluting stents in certain clinical scenarios, such as acute myocardial infarction ("MI") (the medical term for a heart attack), in light of recent studies indicating that the currently available drug-eluting stents are associated with an increased risk of stent thrombosis in these situations. I now use bare-metal stents almost exclusively in patients with acute MI.

REDACTED

8. I prefer Driver and MicroDriver over Liberte and Express because Medtronic's stents have a highly deliverable platform that easily crosses tortuous blood vessels. The deliverability of Medtronic's stents is due to the fact that they are constructed out of an advanced cobalt-chromium alloy that is stronger and denser than the stainless steel used in Boston Scientific's stents. This stronger and denser material permits Driver and MicroDriver to have thinner struts, resulting in increased flexibility and deliverability. Studies have shown that stents with thinner struts significantly reduce the incidence of restenosis (or the re-narrowing of a blood vessel that the stent was designed to keep open). This is because stents with thicker struts are more likely to injure the vessel wall during implantation. Although Boston Scientific's Liberte stent has thinner struts than its Express line of bare-metal stents, I still find the Liberte to be less deliverable than Medtronic's Driver stent.

9. I also prefer Medtronic's bare-metal stents because they are the only stents available with Medtronic's MX2 delivery system. Unlike the rapid exchange ("RX") monorail delivery system available with Abbott Cardiovascular, Inc.'s and Boston Scientific's bare-metal stents, the MX2 delivery system permits cardiologists to change guidewires during a PCI procedure without removing the entire platform. In contrast, if a guidewire has to be replaced while using the RX delivery system with one of Medtronic's competitors' stents, the entire platform has to be re-inserted, prolonging the procedure and increasing the likelihood of complications, such as re-closure of the vessel. Although it is relatively rare, having to re-insert the entire stent platform during a PCI lowers the success rate of the procedure. The ability to easily exchange guidewires is especially important in more diseased patients with especially tortuous lesions because it is often difficult to maneuver the wire through these patients' blood vessels. For these reasons, Medtronic's MX2 product is my delivery system of choice, and an injunction against Medtronic's bare-metal stents would deprive me and other doctors of our preferred method of implantation. Our patients would accordingly be adversely affected by an injunction.

10. In my opinion, if Medtronic's highly deliverable Driver and MicroDriver stents were no longer available in the United States, patients treated with bare-metal stents would also have a higher restenosis rate. In addition, without access to Medtronic's highly deliverable stents and without access to stents with the MX2 delivery system, there would be a lower PCI success rate in patients with tortuous lesions. As a result, some of these patients would be forced to undergo coronary bypass surgery, which is a substantially riskier and more invasive procedure.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on October 9, 2007, at Lakeland, Florida.

Douglas G. Ebersole, M.D.

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on November 8, 2007 I electronically filed the foregoing with the Clerk of the Court using CM/ECF which will send notification of such filing to Frederick L. Cottrell, III.

I further certify that on November 8, 2007 I served copies of the foregoing to the following counsel in the manner indicated:

BY HAND & EMAIL

Frederick L. Cottrell, III
Anne Shea Gaza
Richards Layton & Finger
One Rodney Square
P.O. Box 551
Wilmington, DE 19899

BY EMAIL

J. Michael Jakes
Michael A. Morin
Finnegan Henderson Farabow Garrett & Dunner LLP
901 New York Avenue, NW
Washington, DC 20001-4413

/s/ Karen Jacobs Louden

klouden@mnat.com